S. No. 2
M—8-43
5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27305

FILED SEP 12 1945

Registration District No. 409

Primary Registration District No. 5424

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Campbell R.2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Union Twp Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Campbell R.2 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Bertha Mae Sullivan

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John E. Sullivan

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 2 (Month) 16 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	5	21	hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Hart
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lavada Whitsitt
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Sullivan
(b) Address Campbell, Mo R.2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Mo.

19. (a) 8-9-1945 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1945 hour minute 8:40 A.M.

21. I hereby certify that I attended the deceased from July 8, 1945, to Aug 6, 1945; that I last saw her alive on Aug 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1246

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. J. Rutledge (M. D. or other) MD

Address Campbell, Mo Date signed 8/8/45

1150

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 945-30
Date Filed 9-8-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.